

Van for Programs

ARPA Nonprofit Capital Project Fund - Small Purchases

Remember Me NFP, INC

Mrs Nannette Marie Prevost
11212 Regal Lane
Largo, FL 33774

nanprevost@gmail.com
O: 727-213-4856
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Application Form

Organization Information

If you would like to complete this application in Word first and copy your answers over later, use the following link: [Download Application](#)

The evaluation rubric that will be used to score your request is now available here: [Download Rubric](#)

Please pay attention to character limits while working on your draft. These limits include spaces.

Organization Name*

Remember Me NFP , INC

Proposal Name*

Please choose a short name to identify this project within the grant portal:

Van for Programs

EIN*

862847068

Incorporation Year*

What year did your organization incorporate? This will be the year listed on your determination letter from the Internal Revenue Service.

2021

Organizational Mission Statement*

What is your organization's mission statement? This should be no longer than one or two sentences.

Remember Me aims to educate, decrease the stigma, and raise awareness for suicide prevention.

Unique Entity ID (SAM)

Please provide your organization's Unique Entity ID number. This is a specific number used by the federal government to identify your organization. **This is different from a DUNS number, which the federal government no longer uses.**

If you do not have a Unique Entity ID number, you can create an account on SAM.gov and apply for one here (it is free and may take 3-4 days for approval): <https://sam.gov/content/home>

This field is optional as to not stop a qualifying organization from applying. **However**, a Unique Entity ID number will be required if your organization is approved for a grant. Your organization should apply for a number now if it does not yet have one.

Character Limit: 12

TD2TK5P37LG1

Annual Operating Budget Size*

Please provide the amount of your annual operating budget, (expenditures only) for your entire organization.

\$16,108.00

Amount Requested*

The maximum grant amount is \$199,999.

\$65,000.00

Parent Non-Profit/Subsidiaries*

If your organization has a parent non-profit that has multiple subsidiaries, will multiple subsidiaries be applying in this process?

Example

Better Tomorrow is the parent non-profit of three organizations. Two of those organizations want to apply in this process. Both would select "Yes" on this question.

No

Request Specifics

Organization Programmatic Background*

Please describe the programming your organization offers to the community and the length of time it has been doing so. What does your organization **do** and **how long** has it been doing it?

Remember Me is a new nonprofit as of 2021 originating in Largo, Florida. We host programs that educate, decrease the stigma and raise awareness for suicide prevention.

Paddle for Prevention is a 2-hour water-based therapy program that host outreach events that offer mental health support in peer-to-peer groups reaching families, youth, and young adults. It is a way for the community to collaborate with our guides of volunteers, either a mental health first aider, suicide survivor, first responder, or ironman and women. You will board the Megalodon, a 15 foot long and 5 feet wide paddle board at one of our area beaches in Pinellas County, Fl. You will learn intro to paddle boarding, mental health education and have guidance to area mental health agencies in Pinellas County. This program will work towards trust, courage, and confidence. Paddling in nature is intended to release anxiety and to establish

calmness. It requires intense focus which floods the brain with proven feel-good neurotransmitters- adrenalin, dopamine, serotonin, and anandamide, which increases motivation and happiness which is the same substance found in an antidepressant. Being in water helps the body alter the balance of a meditative state. At the completion of your tour, each participant will receive a Suicide Prevention Swag Bag Kit. In it you will receive a mental health safety plan and a brochure "Talk Saves Lives" to recognize the signs & symptoms of failing mental health developed by the American Foundation for Suicide Prevention, as well as referrals to area agency support groups by NAMI. (National Alliance on Mental Illness). Our program will establish a mentorship reaching our youth and young adults with community education credits towards Bright Futures for mental health in Pinellas County. We support all racial, ethnic and socioeconomic groups and have an opportunity to approach mental and physical health equally important with or without disabilities. All equipment is provided.

Community Need*

Please describe the community need that exists for your programming. If you are able to cite quantitative, local data, that will strengthen your proposal.

Suicide is a significant issue that affects individual, families and communities worldwide. Over 800,000 people die by suicide each year. Someone dies by suicide every 40 seconds. In Florida suicide is the 8th leading cause of death, 3rd leading death for ages 15-24, 2nd leading cause of death for ages 25-34 and 4th leading cause for ages 35-54. Suicide takes more lives in the U.S. than homicide, war and natural disasters combined. For every suicide 25 others attempt. On the average, one person dies by suicide every 3 hours in our state of Florida. (AFSP 2022). In December of 2021, the U.S. Surgeon General issued an advisory to highlight the urgent need to address the nation's youth mental health crisis. The 2019 Youth Risk Behavior Survey reported that one in three high school students reported persistent feelings of sadness or hopelessness. 19% of high school students seriously considered attempting suicide, 16% planned, and 9% reported making a suicide attempt. For every death by suicide, families, friends and often communities are left shattered. All of that said, suicide remains a concern among all racial, ethnic, and socioeconomic groups. We have an opportunity to create community partnerships to approach suicide prevention. Our mission is to provide a year round program of a leading network of recreational, therapeutic and educational water sports program for individuals with or without disabilities addressing life challenges to grow in confidence and experience the joys of being in nature. We need a van to be able to travel to different zip codes in the community of need. The van will be able to carry paddle boards, life vest, paddles, air compressor, buoys, water accessories and gear along with 3 volunteers. We will be able to park at any area beach in Pinellas County in which a towed trailer is prohibited. A van will be able to be locked to decrease the chance of theft and can also act as a storage unit. We create programs and a van makes us mobile.

Negative Economic Impact on Organization*

The following question is the keystone of a strong application in this process. If your organization cannot demonstrate a negative economic impact from the pandemic, your application will not qualify for committee review. If you are uncertain about what constitutes negative economic impact or how to demonstrate it, please contact PCF staff for technical assistance.

Describe your organization's negative economic impact arising from the COVID-19 pandemic. Examples could include:

- A reduction in revenue from 2019 to 2020
- Inflationary pressures
- Increases in demand for services that have not been compensated for through new revenue

- The use of reserves for unbudgeted expenses since the onset of the pandemic, and such use of reserves has prevented the purchase of capital assets
- A need for capital assets to offset community need for which your organization does not have the resources to purchase due to the negative economic harm from the pandemic
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC
- Growth in restricted pandemic-related revenue that does not permit capital asset acquisition

You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages.

Note: If you are applying for both a Small Purchase and Large Project, you may reuse the answer for this question PROVIDED THAT the negative economic impact is relevant to both requests. The Large Project Letter of Intent does not permit uploads to support the answer to this question.

a letter from Frank Jones.pdf

Remember Me was determined on Feb. 15, 2021. We created 2 programs Paddle for Suicide Prevention and Gizmo's Pawesome Guide for Mental Health. We were in the middle of Covid 19 when everything was closed for in person visits, including the closure of our beaches. We were in the process of partnering with Bay Pines VA Hospital and SPC Stem Center at Bay Pines Blvd, Bay Pines, Florida with the creation of the area's first Water Therapy Park that would service Veterans and their Families , and students at SPC for suicide prevention using paddle boards and kayaks. Covid was the direct reason the marine construction was delayed. We started to venture off the property to other beach locations to meet the needs of the community only to be faced with Red Tide that also closed the beaches for months. Gizmo's Pawesome Guide for Mental Health, a literacy and music class for families age 2-11 was not allowed to enter schools or daycares as a vendor due to Covid restrictions. All of our events and fundraisers were shut down or closed. We would of been written into a large grant at Bay Pines VA Hospital. Since we became a non profit in Feb. 2021 we have had an increase for our mental health services for Paddle for Prevention . We had to increase our inventory of equipment of paddle boards, life vest, paddles, leashes, water shoes and water accessories such as coolers, water bags and wireless radios. As of March we stopped charging all clients any fees for programs. It cost \$125 per person for the paddle class and we take 15 people for 1 class and we hosted 12 classes along with 4 weeks of Gizmo Pawesome class for families at \$150 for group classes at Bardmoor Surgery Center and Morton Plant Wellness Center—we donated \$23,700 of free classes to the community.

Proposal Description*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of economic impact your organization experienced. This means the request you describe below should not be greater than the economic harm your organization has suffered.

Please describe your purchase proposal and address the following:

- What will you be purchasing with these funds?
- What is the estimated lifespan of the purchase/improvement?
- How does it address the negative economic harm you described in the previous question?

The funds we are requesting is for a van that we were trying to raise funds for to haul our equipment that is needed for programs which would also act as a locked storage unit. Once the beaches opened we had a large demand for our water therapy program. We are able to service 15 people for a one , 2hour session and we can offer two a day. The life span of the purchase with proper care can last 15 years. Without a van we need

more volunteers to drive their vehicles to haul equipment which takes up more beach parking and more gas money. If we were able to get a van we can focus our effort towards raising funds to sponsor free programs for the community, and to maintain the functionality of running a nonprofit. A van would allow for us to meet the needs by coming to a location near you.

Guiding Principles - Client Impact*

The American Rescue Plan Act, which provides the funding for this grant program, aims to ensure an equitable recovery from the COVID-19 pandemic. The term "equity" is defined as:

The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified priority populations are met.

Will this purchase benefit the community members defined above that have experienced disproportionate negative impacts from the COVID-19 pandemic? If so, how?

Yes, suicide is not prejudice against any race, socioeconomic, gender or religious background. The public considers suicide a public health issue requiring public participation. Individuals, families, and institutions understand they have a role in improving community behavioral health and preventing suicide with interventional programs. We need to integrate peer support groups through connections with nonprofits to behavioral healthcare providers and community resources. Peer to Peer support groups when researched by NAMI has had the most impact. Having a large cargo van we are able to be a mobile unit reaching out to communities that may find it hard to travel to our location. Programs are created with Research and data taken from the Harris Poll Research from 2018-2020, National Alliance, Education Development Center & the American Foundation for Suicide Prevention. Since the Pandemic 81% of people want more help with mental education, 69% want better training for professionals, 67% want education for the public and 52% want better access. Mental health during Covid 19 ages 18-24 had too much screen time and sleeping too much. The younger peer having the hardest times. Paddle for prevention can establish a community mentorship for credit program reaching our youth and young adults as well as family units. We are able to target a diversified group of people as needed working with behavioral mental health counselors, schools and universities. Having a large cargo van will enable us to transfer people and water equipment to various locations in Pinellas county. Our goal is to establish relationships, mentorships, by talking with someone who has been through similar things, mental health issues, addiction, trauma, bullying, or abuse, that makes us feel less alone to give you confidence to move forward. We can become mobile to help educate, decrease the stigma and raise awareness for suicide prevention. We are affiliated with SPC Women on the Way, NAMI & AFSP.

Number Served*

How many people will directly benefit from this capital purchase annually?

1560

Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated?

Duplicated: A client is counted each time they access services

Unduplicated: A client is counted once, regardless of the number of times they access services

Example: ABC Food Bank operates two mobile food pantries, one in Clearwater and one in St. Petersburg. Taylor, a Pinellas County resident, goes to both food pantries. If ABC Food Bank counts Taylor's visit TWICE, it is **duplicated**. If ABC Food Bank counts Taylor's visit ONCE, it is **unduplicated**.

Unduplicated

Other (Explanation Required)

If you selected "Other" in the previous question, please explain how your organization determined the number of clients that will benefit from the proposed capital purchase.

The American Rescue Plan Act (ARPA) prioritizes organizations that either have headquarters or carry out the majority of their operations inside Qualified Census Tracts (QCTs). QCTs are a standard method of identifying communities with a large proportion of low-income residents. The U.S. Department of Housing and Urban Development determines what areas qualify as QCT.

To assess if your organization serves or is headquartered in a QCT, use the following link:

https://www.huduser.gov/portal/sadda/sadda_qct.html

In the top right-hand corner, choose the state of Florida and Pinellas County. Then on the left-hand side of the screen, click the box next to "Color QCT Qualified Tracts." The QCT zones are denoted in purple. You can also map your address by adding it into the address box at the top to see if your location is inside the zones.

Below, please provide the location of your operations and the location of your headquarters, if different.

Enter an Address, city, state or tract Florida Pinellas

Map Options : Clear | Reset | Full Screen

QCT Legend: — Tract Outline ■ LIHTC Project ■ 2022 Qualified Census Tracts

SADDA Legend: — FMR Boundary ■ 2022 Small DDA ■ Non Metro DDA

Hide the overview

The 2022 Qualified Census Tracts (QCTs) and Difficult Development Areas (DDAs) are effective January 1, 2022. The 2022 designations use data from the 2010 Decennial designation methodology is explained in the federal Register notice published September 9, 2021

Map Options
10 Current Zoom Level
 Show Difficult Development Areas (Zoom 7+)
 Color QCT Qualified Tracts (Zoom 7+) ←
 Show Tracts Outline (Zoom 11+)
 Show FMR Outlines (Zoom 4+)
 Show LIHTC Projects (Zoom 11+)

Click here for full screen map

Select Year
 2022
 2021

Map Satellite

Map data ©2022 Google, INEGI

Headquarters Location*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your Sunbiz registration, you may search here: <https://dos.myflorida.com/sunbiz/search/>

11212 Regal Lane Largo, FL 33774

QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

No

Purchase Location*

Where will the majority of the activities related to the purchase(s) take place?

Examples

- If you are proposing the purchase of a van that will deliver to multiple areas within Pinellas County, specifically mention what areas those are.
- If your purchase enables remote access to your services, such as telehealth, provide geographical data around where the majority of your clients reside (presuming they will access your services from their residence).

With the purchase of a van we are able to service any beach access from New Port Richey to Tierra Verde to Tampa Bay. We have a pulled permit with the city of Indian Rocks Beach to host special events dedicated for mental health every 2nd and 4th Saturday of each month for a year with reserved parking overflow at Calvary Episcopal Church across the street. We also have access to a old Florida Plantation on Rainbow River to host a weekend mental health retreat. Our main launch sites are Gandy Bridge at the Getaway, Indian Rocks Beach Public Beach Access, 9300 Bay Pines Memorial Park, Seminole Waterfront Park-Long Bayou, Fort Desoto Park, St. Pete Pier and Madeira Beach. All Baycare locations, Largo Library. All Pinellas Parks and Recreation.

QCT Determination - Purchase*

Does this organization's proposed purchase benefit residents of QCTs?

No

Community Connection

This section aims to capture general demographic data about your organization and to see how you engage with and represent the community you serve. PCF has generalized the demographic data questions more than it has in other processes because of the public nature of this process. PCF understands that identity disclosure can be a sensitive matter, and wants to respect your organization's board and staff. If your organization feels comfortable sharing more detailed demographic information, it may do so in the "Community Representation and Connection" section.

Community Representation and Connection*

Describe how your organization is representative of, or has authentic connections to, the community your proposal seeks to serve. You can list other community-based organizations that work on programming with you and/or list examples of your work within this community.

Remember Me has many affiliates and sponsors in Pinellas County. We are a registered nonprofit with the Pinellas County School Board for community service with Bright Futures for credits. In addition too, the City of Largo Central Park has invited Remember Me to participate in any public event free of charge and will host Gizmos Pawesome Guide to Mental Health twice a week in their library starting Sept. 12 , 2022. We are in the planning stage of hosting a Walk & Talk for mental health in Largo Central Park. They will be adding Remember Me to the City of Largo's webpage. We are funded and sponsored by Morton Plant Mease

Foundation to use any campus free for events for programs. We are waiting for the construction site to open for Bay Pines VA Medical Center, first ever Water Therapy Park to open slated for October, 2022 that Remember Me is part of the instructional program. We also have a support page on NAMI (National Alliance on Mental Illness), 211 Tampa Bay Cares, United Way of Suncoast, Christ the King Lutheran Ministeries in Largo, and with the American Foundation for Suicide Prevention webpage which I'm also a suicide survivor guest speaker. We are affiliated with SPC directly serving all their campuses and students. We also mentor Pinellas Youth Movement with NAMI. We are partnered with and I made a CD with a famous music artist Maryann Harmon " Paws Up for Mental Health" with Music with Mar now on Spotify. She is known for writing songs for brain development for young children and we have rights to use all of her music. Chicago Jaqx Pizza has made every Wednesday night available for mental health meetings. We work with Indian Rocks Beach Rotary Club and IRB homeowners association as part of their festival and event planning we are participants of. We are working with Sonny's BBQ with Fundraising Events. We are able to host classes and events at all Baycare facilities, which I'm also a surgical nurse of 36 years at Moton Plant Surgery, Clearwater , Florida.

Leadership Demographics - Board Membership*

Do your board members consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

LGBTQ+

Neurodiverse/physically disabled

Leadership Demographics - Executive Level Leadership Team*

Does your executive leadership team consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

If your organization is volunteer-run and does not have an executive leadership team, please select "Not applicable."

LGBTQ+

Neurodiverse/physically disabled

Leadership Demographics - CEO/Executive Director*

Does your CEO/Executive Director consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ defined as Lesbian, Gay, Bisexual, Transgender, Queer+
- Neurodiverse/physically disabled

If your organization is volunteer-run and does not have an executive leader, please select "Not applicable."

LGBTQ+

Neurodiverse/physically disabled

Proposal Costs

Purchase Estimates/Bids*

You must combine all bids/estimates into one file.

Attach current verifiable bids, estimates, or price lists [from your potential vendor(s)]. Please ensure there is a date listed or when you obtained these estimates/bids, as they must be from within the past sixty (60) days.

- If your purchase is **BELOW** \$75,000, you must upload TWO verifiable bids or estimates for the proposed purchases.
- If your purchase is **EQUAL TO** or **MORE THAN** \$75,000, you must upload THREE verifiable bids or estimates for your proposed purchases.

This can be as simple as screenshots from Amazon or Best Buy (though PCF does not endorse or recommend any specific vendor) or may be from specialized vendors that sell your proposed purchase. If you have concerns regarding bids or estimates, please reach out to PCF staff.

Remember Me - Combined Bids.pdf

Sole Source*

In some cases, a proposed small purchase is only available from a single vendor, and as such, only one bid/estimate can be uploaded. If this is the case for your organization, please explain in the field below. Otherwise, write "N/A" below.

Although we have two estimates one from Dayton Andrews and the other from Crown Royal model MZCA7G cargo spinner, The van a 2023 year from Crown Royal is the only one that will be able to fit all paddle boards because the length of back of the van needs to be min 14 foot in length. Crown Van is 14 ft 8 ". Dayton Van is 13' 8".

Related Parties*

Are any of the contractors/vendors that have provided bids/estimates a related party to your organization?

Examples of Related Parties

- A board member that owns the contracting company that provided a bid
- The relative of a director, officer, or executive team member owns a company that provided an estimate
- The CEO of the applying organization has a financial interest in the construction company providing a bid

If yes, identify the vendor and describe the relationship.

If no, write "No related parties below."

No related parties below.

Budget Summary*

Please use THIS TEMPLATE to indicate costs and any cash match your organization may have for the proposed purchases. Note: this spreadsheet will automatically round numbers to make it easier to read for committee members.

Please note that indirect costs are not permitted for small purchases.

If you have additional notes to add to your budget summary, you may do so in the text box below.

ARPA-Budget-Template-Small-Purchases updated 8-31-22.xlsx

Other Funding Sources*

Please describe any other funding not already mentioned that your organization has applied for or obtained for this purchase.

This includes but is not limited to Community Block Development Grants (CBDG), local government grants (including Tourist Development Council funding), foundation grants, and private donors (you do not need to disclose donor identities but simply indicate the amount raised for this purchase). This includes any matching grants or in-kind contributions you may have obtained.

Please be sure these other funding sources are represented in the "Applicant Match" column in the budget summary uploaded above.

Morton Plant Mease Foundation-\$8,000

Donor Foundation-\$10,000-Private

Whole Foods-\$1750

Morgan Stanley-\$2500

Network For Good-2000

Water Sports West in kind donation \$15,000

These funds can't be matched for capital funding , they are for programs only

Changes in Operating Costs*

Please answer this question based on the descriptions below:

- If this project **increases** ongoing operational costs (programmatic, operating maintenance or other costs), how will you compensate for the difference?
- If this purchase **decreases** ongoing operating costs, how will it do so?
- If this purchase **does not affect** operating costs, please note so below.

If the van is purchased we would have to raise funds for maintenance and auto insurance which we will be able to raise with donation request along with selling a t shirt line of clothing we created for the nonprofit. In addition we will host fundraisers and can book for interviews and presentations telling my suicide survival story. Currently I'm featured in Nurse.com , Indian Rocks Beach Neighborhood News and will be in Stroll Magazine in October. My story is on the desk of Carson Daly. Our board members will donate funds as well. We will continue applying for grants, reaching out through media for donations and continue creating innovative programs for funding. This purchase will help with hiring necessary positions needed to scale our operations.

Organization Documentation

Please reach out to PCF staff if you have trouble uploading the files below. We are able to assist with file conversion and file compression.

Organization Budget*

Please upload your most recent, board-approved organizational budget for this fiscal year. PDF and Excel documents are accepted.

Remember Me NFP, INC Management Report for Pinellas Foundation.pdf

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

Board Members Profiles.docx

IRS Form 990*

Please upload a PDF copy of your most recently submitted IRS Form 990.

If Form 990 from your most recent fiscal year is delayed or you have received an extension, please explain in the text space below. You may also explain if you don't have a Form 990 due to organization type. You should still upload the most recent publicly available 990.

If you file a Form 990-EZ and do not have anything to attach, please note so below.

Only PDF files are permitted.

990 income tax completed.pdf

Most Recent Financial Statements*

Upload a PDF version of your most recent financial statements. If you have audited financial statements, please upload the most recently conducted audit. If you do not have a recent audit, please explain why.

Remember Me NFP, INC for PCF budget.pdf

Insurance Requirements

Evidence of Insurance Coverage*

Grantees of the ARPA Nonprofit Capital Project Fund will be required to maintain appropriate insurance related to your operations and this purchase. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance.

If your organization does not have evidence of insurance coverage, please provide an explanation as to why.

Water Liability insurance.pdf

We do

Insurance Requirement*

If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you will be required to list Pinellas Community Foundation as an additional insured through your general liability insurance or other appropriate coverages for the duration of the contract. If you would like to check with your insurance carrier on how to do this, here is the information about PCF you will need:

Pinellas Community Foundation
17755 US Highway 19 N
Suite 150
Clearwater, FL 33764
727-531-0058

Please check the box below to indicate that you understand and will be able to comply with this requirement if you are awarded a contract.

PCF will not ask for a certificate naming us as additional insured until the contracting stage.

Yes, I understand and will comply with this requirement if awarded a contract.

Post-Grant Requirements

Reporting Requirements Acknowledgment*

Grantees will be required to submit a pre-award agreement within two weeks of receiving an award notice. In addition, grantees will be required to submit a report within 30 days after the purchase is completed.

Financial information justifying all expenditures will also need to be provided. This includes but is not limited to:

- Invoices
- Canceled checks
- Credit card statements, along with a record of paying the credit card.

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at rcervantes@pinellascf.org.
Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

Additional Information

Budget Summary

NO LONGER USED, REPLACED IN APP WITH UPLOAD FIELD INCLUDED

Please use **THIS TEMPLATE** to indicate costs and any cash match your organization may have for the proposed purchases.

Please note that indirect costs are not permitted for small purchases.

If you have additional notes to add to your budget summary, you may do so in the text box below.

Additional Upload

If you have something to share, you can upload it here in PDF format.

fastest sup racer.pdf

Anything else to share?

Is there anything else that you would like Pinellas Community Foundation to know or other information your organization would like to share that isn't addressed elsewhere in this application?

We are discussing contracts with Parks and Recreation, Tampa Bay Watch and USF St. Pete.
Working on Mental Health Retreat with First Responders with Mentorship with Largo Police Department

Brief Project Descriptor

Please briefly describe this organization's request.

File Attachment Summary

Applicant File Uploads

- a letter from Frank Jones.pdf
- Remember Me - Combined Bids.pdf
- ARPA-Budget-Template-Small-Purchases updated 8-31-22.xlsx
- Remember Me NFP, INC Management Report for Pinellas Foundation.pdf
- Board Members Profiles.docx
- 990 income tax completed.pdf
- Remember Me NFP, INC for PCF budget.pdf
- Water Liability insurance.pdf
- fastest sup racer.pdf



DEPARTMENT OF VETERANS AFFAIRS
Bay Pines VA Healthcare System
Post Office Box 5005
Bay Pines, Florida 33744

July 19, 2022

In Reply Refer To:
516/135

Nan Prevost, RN
309 A Gulf Blvd
Indian Rocks Beach
FL. 33785

Dear Ms. Prevost,

I just wanted to take a minute and thank you for your continued patience with us. As you know we had planned to have our new ADA Kayak / Paddle Board launch up and running by now. Due to community demands our Marine Construction Vendor can't start construction until September. We plan to have all of the construction done by the end of October.

Our Recreation Therapy Service and Whole Health Service are currently working on our SOP, once they have a rough draft put together, I'll send you a copy. We look forward to you and "Remember Me NP" leading the instructional side of our new Aquatic Sports Program. As you know this is a new program for us, and we will continue to grow the program once we get it off and running. With your experience, and feed back from our Veterans and Rec Therapy, I know this new program is going to have a very positive impact on our Veterans.

Thank you

Frank M. Jones

Frank M. Jones
Chief, CDCE/VAVS

DAYTON ANDREWS DODGE CHRYSLER JEEP RAM
 2301 - 34TH STREET NORTH
 ST PETERSBURG, FL 337133613

Configuration Preview

Date Printed: 2022-08-16 3:48 PM VIN: Quantity: 1
 Estimated Ship Date: VIN: Status: BA - Pending order

Sold to: DAYTON ANDREWS DODGE CHRYSLER JEEP RAM (42431)
 2301 - 34TH STREET NORTH
 ST PETERSBURG, FL 337133613

Ship to: DAYTON ANDREWS DODGE CHRYSLER JEEP RAM (42431)
 2301 - 34TH STREET NORTH
 ST PETERSBURG, FL 337133613

Vehicle: 2023 3500 CARGO VAN HIGH ROOF (159 in WB EXT) (VF3L17)

	Sales Code	Description	MSRP(USD)
Model:	VF3L17	3500 CARGO VAN HIGH ROOF (159 in WB EXT)	49,280
Package:	22A	Customer Preferred Package 22A	0
	ERF	3.6L V6 24V VVT Engine	0
	DFH	9-Spd 948TE Auto Transmission	0
Paint/Seat/Trim:	PW7	Bright White Clear Coat	0
	APA	Monotone Paint	0
	*B7	Vinyl Bucket Seats	300
	-X9	Black	0
Options:	GLB	Rear Hinged Doors w/Fixed Glass	345
	GTR	Power Folding/Heated Mirrors	295
	NHM	Speed Control	395
	CKL	MOPAR Cargo Compartment Floor Mat	330
	XJ1	Cargo Partition w/Sliding Window	545
	JKV	115V Auxiliary Power Outlet	195
	GRG	Digital Rearview Mirror with AutoDim	695
	LHL	Auxiliary Switches	145
	LDB	Rear Cargo LED Lamp	200
	JKP	12V Rear Auxiliary Power Outlet	45
	CAA	Passenger Double Seat	695
	BDC	100 Amp Battery	95
	XAN	Blind Spot and Cross Path Detection	595
	BAJ	220 Amp Alternator	295
	5N6	Easy Order	0
	166	Zone 66-Orlando	0
	4EA	Sold Vehicle	0
Discounts:	YGV	4.5 Additional Gallons of Gas	0
Destination Fees:			1,795

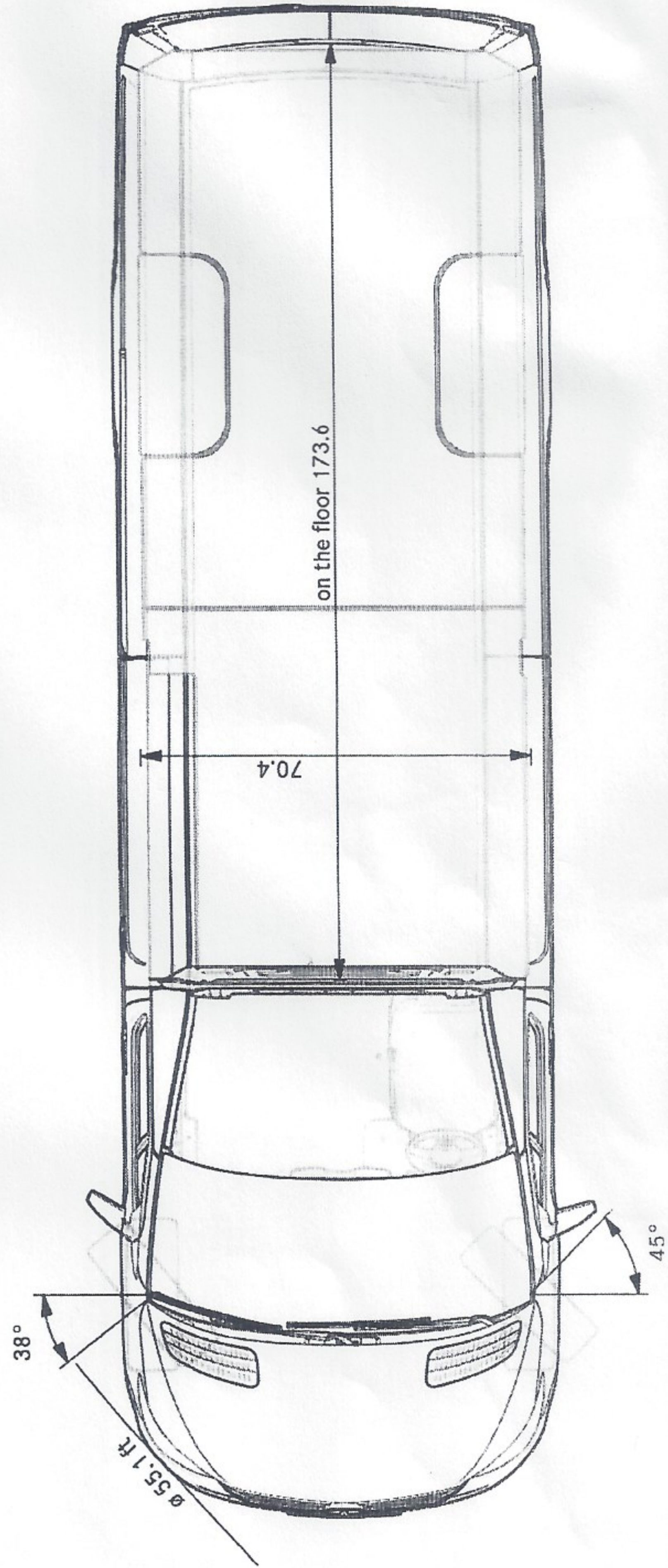
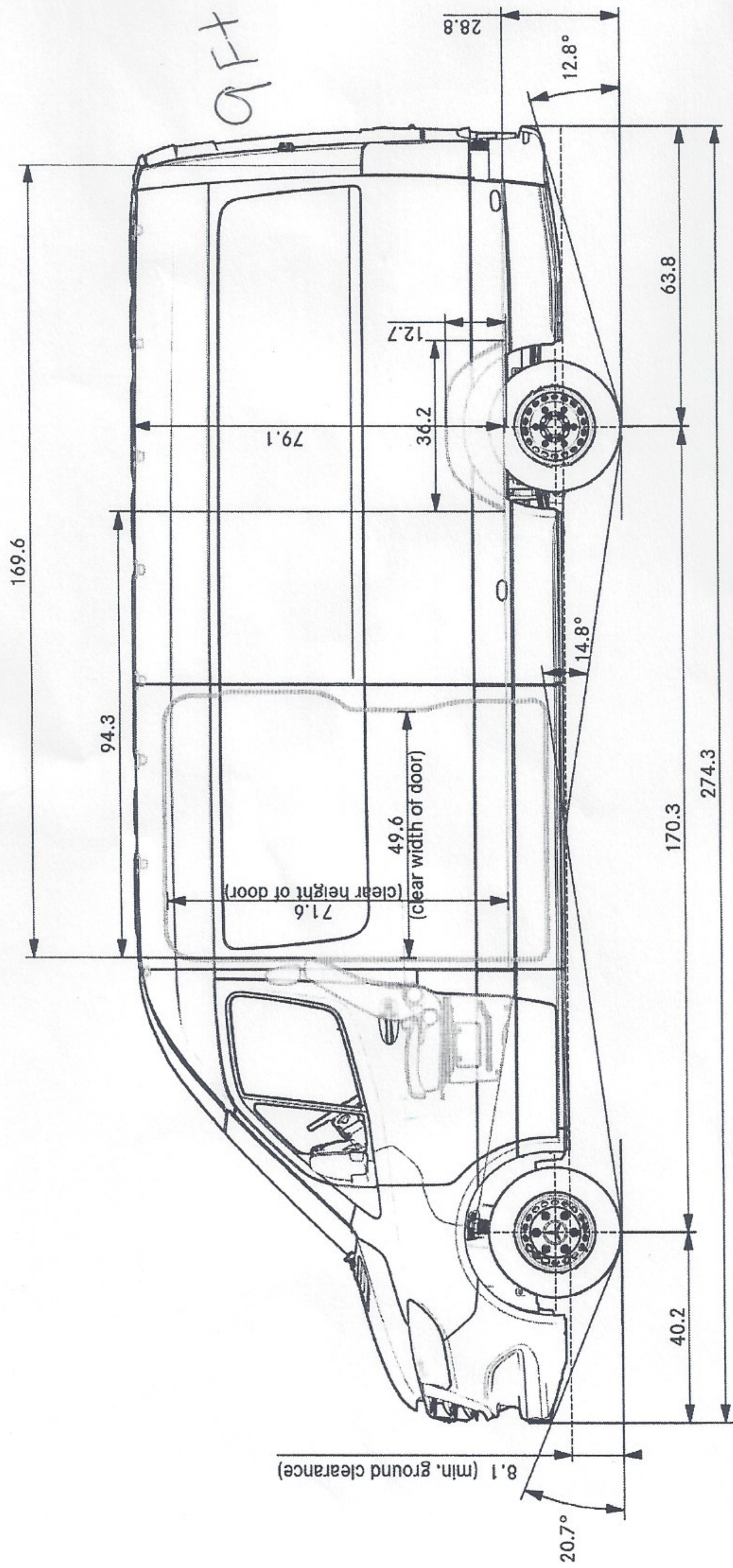
HB: 1,633 **Total Price:** 56,245
 FFP: 52,991
 EP: 50,978

Order Type: Retail **PSP Month/Week:**
Scheduling Priority: 1-Sold Order **Build Priority:** 99

Note: This is not an invoice. The prices and equipment shown on this priced order confirmation are tentative and subject to change or correction without prior notice. No claims against the content listed or prices quoted will be accepted. Refer to the vehicle invoice for final vehicle content and pricing. Orders are accepted only when the vehicle is shipped by the factory.

170

9FH



Configure Print

Vehicle Information 2023 M2CA7G

Code	Description	Price
	MODEL: 2023 M2CA7G	\$50,790
160	Stone Gray	\$744
VF6	Leatherette Black	\$66
Options		
C01	DRIVER CONVENIENCE PACKAGE	\$442
E46	12V Power Outlet- Driver Seat Base	
FJ1	Hinged lid for storage compartment	
FJ5	Hinged Lid for Stowage Compartment	
FZ9	Two additional master keys	
F64	Electrically Folding Exterior Mirrors	
JW8	Attention Assist	
C02	Premium Package	\$920
E3M	MBUX Multimedia System with 7" Touchscreen	
FM3	Wet Wiper System	
JB4	ACTIVE LANE KEEPING ASSIST	
JK5	Instrument Cluster with Colourdisplay (Highline)	
D51	Full-width partition with 1 window	\$370
ED8	Parametric Special Module (PSM) Preparation	\$371
FR8	Rear-view Camera (head unit display)	\$40
F61	Interior rear view mirror	\$279
H22	Defroster rear window	\$497
JA7	Blind Spot Assist	\$116
JF1	Rain sensor	\$290
LC2	LED light strip in load compartment	
L65	Lamps - Cargo Compartment (Standard)	
MS1	Cruise Control	
RD9	Tires, Unspecified Brand	
RM0	All-season tires	
S23	Seat - 2 Passenger Front Bench	\$441
T75	Door mounted assist handles, driver & passenger	\$65
T77	Assist Handle w/Partition	\$35
T85	Assist Handle-Left Rear Door	\$35
T86	Assist Handle - Right Rear Door	\$35
VA7	Storage Net in Hinged RR Doors	\$140
V43	WOOD FLOOR WITH 6 D-RINGS	\$466
W17	2nd row, fixed window, passenger side	\$160
W54	Rear doors, opening 270 degrees	\$397
W61	Windows in Tailgate/Rear Door	\$103
W70	Tint for Rear Windows and Rear Side Windows	\$153
W73	Rear Door Step - Bumper, Gray	\$206
XM4	ACOUSTIC PACKAGE	\$96
Z4X	Production in Charleston	
	SUBTOTAL	\$57,257
	DESTINATION & DELIVERY	\$2,295
	TOTAL	\$59,552

*Pricing is subject to change. Mercedes-Benz reserves the right to make changes without notification.



Date: 08/15/2022
 Salesperson: _____
 Manager: James Smith

FOR INTERNAL USE ONLY

BUSINESS NAME _____ Home Phone: _____
CONTACT _____
 Address : _____ Work Phone: _____
 E-Mail : _____ Cell Phone: _____

VEHICLE
 Stock # : _____ New / Used : New VIN : _____ Mileage: _____
 Vehicle : 2023 Color : _____
 Type : _____

TRADE IN
 Payoff : _____ VIN : _____ Mileage: _____
 Vehicle : VAN Color : _____
 Type : _____

Selling Price	<u>MODEL MZCA7G</u>	59,522.00
Total Purchase		59,522.00
Doc Fee		999.00
<small>(These charges represent costs & profit to the Dealer for items such as inspecting, cleaning and adjusting new & used vehicles & preparing documents related to the sale and for computerized registration)</small>		
Taxable Fees (Estimated)		116.00
Trade Allowance		
Trade Difference		60,637.00
Tax		3,688.22
Non Tax Fees		502.00
Net Price		64,827.22
Trade Payoff		
Balance		64,827.22

Customer Approval: _____ Management Approval: _____
 By signing this authorization form, you certify that the above personal information is correct and accurate, and authorize the release of credit and employment information. By signing above, I provide to the dealership and its affiliates consent to communicate with me about my vehicle or any future vehicles using electronic, verbal and written communications including but not limited to eMail, text messaging, SMS, phone calls and direct mail. For Information Only. This is not an offer or contract for sale.

ARPA Nonprofit Capital Project Fund – Small Purchases Budget

Remember Me NFP, INC

van

A Line Item	B Item (Description)	C Price Per Item	D Quantity of Item	E Purchase Total	F ARPA Grant Funds Requested	G Applicant Match	H Funding Total
1	Van 2023 model MZCA7G/Card	\$ 64,827.00	1	\$ 64,827	\$ 64,827	\$ -	\$ 64,827
2		\$ -		\$ -	\$ -	\$ -	\$ -
3		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
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		\$ -		\$ -	\$ -	\$ -	\$ -
		TOTAL	1	\$ 64,827	\$ 64,827	\$ -	\$ 64,827

THE "PURCHASE TOTAL" AND "FUNDING TOTAL" COLUMN SHOULD BE EQUAL

Columns E, H, and the "TOTAL" row are locked and cannot be edited

Key

Item (Description)	<i>Brief name/description of the purchase requested</i>		
Price per item	<i>The individual price of one unit of the proposed purchase</i>		
Quantity of Item	<i>The number of units of the proposed purchase you are requested</i>		
Purchase Total	<i>Total purchase cost of the proposed line item (quantity multiplied by price)</i>		
ARPA Grant Funds Requested	<i>The amount of ARPA funding requested for this line item</i>		
Applicant Match	<i>The amount (if any) that you, the applicant, are contributing towards the purchase of the line item</i>		
Funding Total	<i>Total funding for proposed line item (ARPA grant request plus applicant match)</i>		

Management Report

Remember Me NFP, INC

For the period ended December 31, 2022



Prepared on

August 23, 2022

Table of Contents

Profit and Loss3

Balance Sheet.....4

Profit and Loss

January - December 2022

	Total
INCOME	
Donation Income	16,425.49
WePay Donation Income	134.81
Total Income	16,560.30
COST OF GOODS SOLD	
Cost of Items with Logo to Sell or Donate	1,576.52
Health Care First Responders Event	
Fees	520.00
Hotel	766.14
Meals	153.96
Total Health Care First Responders Event	1,440.10
Mental Health Costs	334.32
Paddleboard Activity Costs	881.58
Total Cost of Goods Sold	4,232.52
GROSS PROFIT	12,327.78
EXPENSES	
Advertising & Marketing	686.17
Bank Charges & Fees	96.75
Business Meals	222.10
Charitable Contributions	25.00
Depreciation	974.97
Dues & subscriptions	126.55
Insurance	208.82
Legal & Professional Services	973.40
Office Supplies & Software	953.28
Postage	31.78
Taxes & Licenses	164.25
Telephone	140.00
Travel	18.50
Total Expenses	4,621.57
NET OPERATING INCOME	7,706.21
NET INCOME	\$7,706.21

Balance Sheet

As of December 31, 2022

	Total
ASSETS	
Current Assets	
Bank Accounts	
Chase Bus Ckg x7618	12,668.09
Total Bank Accounts	12,668.09
Other Current Assets	
Prepaid Expenses	1,044.05
Total Other Current Assets	1,044.05
Total Current Assets	13,712.14
Fixed Assets	
Accumulated Depreciation	-1,801.71
Paddle Board Assets	9,884.42
Total Fixed Assets	8,082.71
TOTAL ASSETS	\$21,794.85
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
Chase Bus CC x7975	14.95
Total Credit Cards	14.95
Other Current Liabilities	
Payable to Shareholder	7,253.69
Total Other Current Liabilities	7,253.69
Total Current Liabilities	7,268.64
Total Liabilities	7,268.64
Equity	
Retained Earnings	6,820.00
Net Income	7,706.21
Total Equity	14,526.21
TOTAL LIABILITIES AND EQUITY	\$21,794.85

Executive Summary

Remember Me NFP, INC is a startup nonprofit as of 2021 originating in Largo, Florida. The organization was founded by Nannette Prevost, a lived experience to suicide as of 2012 which has given her the drive, education, and passion to lead this organization. Nannette is currently assembling a strong Board of Trustees which will be invaluable for the organization.

Nannette fills the Executive Director role and serves on the Board of Directors. She is a Registered Operating Room Nurse of 35 years, a state certified NAMI (National Association of Mental Illness) Family to Family Peer Specialist, Perinatal Fitness Instructor, Music Instructor and Certified Mental Health First Aider in Youth & Young Adult. She also is an advocate with The American Foundation for Suicide Prevention and NAMI where she was part of the new implementation of the 988 dedicated phone line to suicide prevention and substance abuse. She also serves on the NAMI Justice Division Task Force for the Crisis Service Focus Group Project which seeks input with personal experience with mental health crisis care to help identify the gaps in quality care and the needs moving forward contracted by the Hannon Group. Nannette has made TV commercials for St. Mary's of Michigan and has been featured on the cover of several magazines, The Bradenton Herald, Manatee Observer, The Bay City Times, Indian Rocks Beach Neighborhood News and one of her recent in Nurse.com (Personal Pain, a Pandemic, and Paddle Boarding) and created numerous programs for the communities of Bradenton, Florida, Bay City, Michigan and Largo, Florida. Through these positions, she has developed a comprehensive network of personal and professional contacts with key community leaders. This network will be instrumental in raising the awareness of Remember Me NP within the community.

Jacob Prevost-will become a board member in 2024 with a Doctor of Pharmacy from Taneja College of Pharmacy-University of South Florida.

Peggy Gustin Board Member-Graduated from the Illinois State University School of Biological Sciences and is a Human Resource Manager at Clever Training Company. She has been touched with an experience of losing a loved one to suicide and has dedicated her time towards helping with mental health.

Jim Polacek Board Member -President at Silvernail Glass & Mirror Inc, in Seminole Fl.-Jim studied at Mt. Aloysius. Jim is an active member with mentorship in the Bright Future Program and is a multiple participant in Ironman competitions.

Justin Prevost-Committee Member-Justin 17, a student at Seminole High School, has a huge heart in helping people. He lost his father to suicide when he was 5 years old. He knows firsthand what it means to go through the stages of grief. What he has learned he now is ready to help others for hope and encouragement. He is studying for his role to become a Youth Leader with education from NAMI in a support group called Youth Move Pinellas and will become a mentor in Bright Futures for community service with Remember Me NP.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning , 2021 , and ending , 20																																			
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization: Remember Me NFP Inc</td> <td>D Employer identification number 86-2847068</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="2">E Telephone number (727) 213-4856</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">11212 Regal Lane</td> <td rowspan="2">G Gross receipts \$ 20,796</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code Largo, FL 33774-4132</td> </tr> <tr> <td colspan="2">F Name and address of principal officer:</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">J Website: ▶ www.programsforselfharm.com</td> <td></td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: 2021</td> </tr> <tr> <td colspan="2"></td> <td>M State of legal domicile: FL</td> </tr> </table>	C Name of organization: Remember Me NFP Inc		D Employer identification number 86-2847068	Doing business as		E Telephone number (727) 213-4856	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	11212 Regal Lane		G Gross receipts \$ 20,796	City or town, state or province, country, and ZIP or foreign postal code Largo, FL 33774-4132		F Name and address of principal officer:		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "No," attach a list. See instructions	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	J Website: ▶ www.programsforselfharm.com			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2021			M State of legal domicile: FL
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		M State of legal domicile: FL																																	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: We help to educate, decrease the stigma and raise awareness for suicide prevention. Our mission is to be welcoming and compassionate provider, advocate and mentor to children, adults and families in need of social support, safety and hope for future		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	3
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	5
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year 20,796
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		20,796
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		13,977
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,977	
19 Revenue less expenses. Subtract line 18 from line 12		6,819	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year 14,275
	21 Total liabilities (Part X, line 26)		7,455
	22 Net assets or fund balances. Subtract line 21 from line 20		6,820

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Nannette Prevost Signature of officer	02-08-2022 Date
	Nannette Prevost, CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Mindy Houts	Preparer's signature Mindy Houts	Date 02-08-2022	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01320813
	Firm's name ▶ Accounting Nerd, LLC	Firm's EIN ▶		Phone no.	
	Firm's address ▶ 12874 101st Way Largo FL 33773			832-969-8393	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: We help to educate, decrease the stigma and raise awareness for suicide prevention. Our mission is to be welcoming and compassionate provider, advocate and mentor to children, adults and families in need of social support, safety and hope for future

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,107 including grants of \$ 3,107) (Revenue \$) Paddle for suicide prevention - This is a community based program offered to groups, families, and/or individuals that addresses mental health issues, and provides healing using water therapy with mentorship. It is a way to connect with others for support by collaborating with local mental health first aiders following ALGEE guidelines from the National Council for Behavioral Health. This program will work towards trust, courage and confidence. -Being in water helps the body alter the balance of epinephrine and dopamine to the levels of a meditative state. -Paddle boarding in nature is intended to relieve anxiety and to establish calmness. -It requires intense focus which floods the brain with neurochemicals like serotonin and anandamide which increases motivation and happiness which is the same substance found in an antidepressant.

4b (Code:) (Expenses \$ 345 including grants of \$ 345) (Revenue \$) We provide mental health therapy using puppets, musical instrument and cooking together with children in distress. This programs establishes a patient care plan for safety with a mentor to educate them, and the mento will recognize any signs and symptoms for failing mental health with an evaluation that seeks feedback from the community of our service of delivery. Each person or family will receive a referral to local agencies for mental health needs.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,452

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I See instructions</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Form W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			X
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed -> Florida
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records -> Accounting Nerd, LLC (727)213-4856, 12874 101st Way, Largo, FL 33773

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations W-2/1099-MISC/1099-NEC	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(1) <u>Jim Polacek</u> Board member				X				0	0	0	
(2) <u>Peggy Gustin</u> Board member	2.00			X				0	0	0	
(3) <u>Nannette Prevost</u> Founder and CEO	25.00			X				0	0	0	
(4) _____											
(5) _____											
(6) _____											
(7) _____											
(8) _____											
(9) _____											
(10) _____											
(11) _____											
(12) _____											
(13) _____											
(14) _____											

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							0	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 0

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	20,796			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 7,055			
	h	Total. Add lines 1a-1f ▶		20,796			
Program Service Revenue			Business Code				
	2a	_____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
g	Total. Add lines 2a-2f ▶						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶					
	4	Income from investment of tax-exempt bond proceeds . . . ▶					
	5	Royalties ▶					
	6a	Gross rents		(i) Real	(ii) Personal		
			6a				
			6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
			7a				
			7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss) ▶					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
c	Net income or (loss) from fundraising events ▶						
9a	Gross income from gaming activities, See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities ▶						
10a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue			Business Code				
	11a	_____					
	b	_____					
	c	_____					
	d	All other revenue					
e	Total. Add lines 11a-11d ▶						
12	Total revenue. See instructions ▶		20,796	0	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal	116		116	
c	Accounting	612		612	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .				
12	Advertising and promotion	176		176	
13	Office expenses				
14	Information technology	1,172		1,172	
15	Royalties				
16	Occupancy	4,246		4,246	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	827	827		
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Office Supplies	6,288	2,625	3,663	
b	Telephone	241		241	
c	Rotary Raffle	110		110	
d	License	92		92	
e	All other expenses _____	97		97	
25	Total functional expenses. Add lines 1 through 24e. .	13,977	3,452	10,525	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year	(B) End of year
Assets	1	Cash - non-interest-bearing	1 7,960
	2	Savings and temporary cash investments	2
	3	Pledges and grants receivable, net	3
	4	Accounts receivable, net	4
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	6
	7	Notes and loans receivable, net	7
	8	Inventories for sale or use	8
	9	Prepaid expenses and deferred charges	9
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,142
	b	Less: accumulated depreciation	10b 827
	11	Investments - publicly traded securities	11
	12	Investments - other securities. See Part IV, line 11	12
	13	Investments - program-related. See Part IV, line 11	13
	14	Intangible assets	14
	15	Other assets. See Part IV, line 11	15
16	Total assets. Add lines 1 through 15 (must equal line 33)	0 16	14,275
Liabilities	17	Accounts payable and accrued expenses	17 341
	18	Grants payable	18
	19	Deferred revenue	19
	20	Tax-exempt bond liabilities	20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	21
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	22
	23	Secured mortgages and notes payable to unrelated third parties	23
	24	Unsecured notes and loans payable to unrelated third parties	24 7,114
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	25
	26	Total liabilities. Add lines 17 through 25	0 26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.		
	27	Net assets without donor restrictions	27
	28	Net assets with donor restrictions	28
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.		
	29	Capital stock or trust principal, or current funds	29
	30	Paid-in or capital surplus, or land, building, or equipment fund	30
	31	Retained earnings, endowment, accumulated income, or other funds	31 6,820
	32	Total net assets or fund balances	0 32
33	Total liabilities and net assets/fund balances	0 33	14,275

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,796
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,977
3	Revenue less expenses. Subtract line 2 from line 1	3	6,819
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,820

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

Employer identification number

Remember Me NFP Inc

86-2847068

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2021; 15 Public support percentage from 2020 Schedule A; 16a 33 1/3% support test - 2021; b 33 1/3% support test - 2020; 17a 10%-facts-and-circumstances test - 2021; b 10%-facts-and-circumstances test - 2020; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . ▶

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described in line 11a above?	11b	
c	A 35% controlled entity of a person described in 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	
c	<input type="checkbox"/>	The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>	
2	Activities Test. Answer lines 2a and 2b below.		
a		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2021

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

Remember Me NFP Inc

86-2847068

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other STMD1E		7,142	827	6,315
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				6,315

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.). ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.). ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). ▶		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-d, e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-d, e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

**Open to Public
Inspection**

Name of the organization
Remember Me NFP Inc

Employer identification number
86-2847068

01. Form 990 governing body review (Part VI, line 11)

Any financial figures were prepared by a CPA, and the rest of 990 was prepared by the CEO,
and presented to the board before filing.

02. Conflict of interest policy compliance (Part VI, line 12c)

This is the first year of the organization, and all of the board members initially
discussed the importance of not having any conflict of interest and made it into a written
policy and discuss throughout the year.

03. Governing documents, etc, available to public (Part VI, line 19)

Upon request, the organization provides copies of its articles of incorporation, bylaws,
conflict of interest policies and the unaudited financial statements.

04. Explanation of other changes in net assets or fund balances (Part XI, line 9)

\$1 adjustment to Net Assets is a rounding difference between page 11 and page 12 net
assets balance.

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

2021

Name of filer

EIN or SSN

Remember Me NFP Inc

86-2847068

Name and title of officer or person subject to tax

Nannette Prevost, CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here . . . ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>20,796</u>
2a	Form 990-EZ check here . . . ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here. ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here. . . ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5).	4b	_____
5a	Form 8868 check here . . . ▶	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c).	5b	_____
6a	Form 990-T check here. . . ▶	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	_____
7a	Form 4720 check here . . . ▶	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1).	7b	_____
8a	Form 5227 check here . . . ▶	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a	Form 5330 check here . . . ▶	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19).	9b	_____
10a	Form 8038-CP check here . . ▶	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22) .	10b	_____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

48625

Nannette Prevost
Feb-08-2022

Date ▶ 02-08-2022

Signature of officer or person subject to tax ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

504409 61144

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Mindy Houts

Date ▶ 02-08-2022

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

FOR YOUR RECORDS ONLY
Federal Supporting Statements

2021 PG01

Name(s) as shown on return

Tax ID Number

Remember Me NFP Inc

86-2847068

Form 990 - Schedule D - Part VI - Line 1e Statement #D1e
 Investments - Other

Description of Investment	Cost/basis (Investment)	Cost/basis (Other)	Depr	Book Value
Paddle boards	0	7,142	827	6,315
Total	<u>0</u>	<u>7,142</u>	<u>827</u>	<u>6,315</u>

990

Overflow Statement

2021

Page 1

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

FEIN

Remember Me NFP Inc

86-2847068

Other Expenses

Description	Amount
Bank fees	\$ 81
Postage	11
Business meal	5
Total:	\$ 97

Next Year's Depreciation Worksheet

(This page is not filed with the return. It is for your records only.)

2021

Name(s) as shown on return

Tax ID Number

Remember Me NFP Inc

86-2847068

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	2	2 Bahia Catalina Sup (pa	06-01-2021	3,400	SL	5	680
PRG	2	1 Bahia Skyway Sup	06-01-2021	1,800	SL	5	360
PRG	2	Megalodon Inflatable Blu	06-07-2021	1,942	SL	5	388
		TOTAL					1,428

2021 Filing Instructions
Remember Me NFP Inc
Tax year ending 12-31-2021

Form filed:

Form 990 and supplemental forms and schedules

Filing method:

The return will be e-filed once the signed and dated Form 8879-TE has been received by this office. Do not mail the return to the IRS.

Due date:

05-16-2022

The return reflects neither a refund nor a balance due.

Please note:

The Taxpayer First Act requires tax-exempt organizations to electronically file all information returns in the 990 series and related forms for tax years beginning after July 1, 2019. Mailing these returns is no longer allowed.

Accounting Nerd, LLC

12874 101st Way
Largo, FL 33773
mindyh@accounting-nerd.com
Phone: (832)969-8393 | Fax:

February 08, 2022

Remember Me NFP Inc
11212 Regal Lane
Largo, FL 33774-4132

Remember Me NFP Inc:

Enclosed is the 2021 federal return for a tax-exempt organization, prepared for Remember Me NFP Inc from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (832)969-8393.

Sincerely,

Mindy Houts
Accounting Nerd, LLC

990

Tax Exempt
Diagnostic Summary

2021

Name
Remember Me NFP Inc

Employer Identification #
86-2847068

Demographics

Mailing Address:
11212 Regal Lane
Largo, FL 33774-4132

Phone: (727)213-4856

Resident State: FL

Diagnostics

Preparer: Mindy Houts

Invoice:

Date: 02-08-2022

Return Information

Item on Return	2021 Federal	2020 Federal (If available)
Total Revenue	20,796	
Total Expenses	13,977	
Net Excess (Deficit)	6,819	
Net Assets or Fund Balances	6,820	

State/City Information

<u>State/City</u>	<u>Taxable Revenue</u>	<u>Total Expenses</u>	<u>Change Fund Balance</u>	<u>UBIT</u>	<u>Total Tax</u>	<u>Refund/ (Balance Due)</u>
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2021 Form 8879-TE Filing Instructions
Remember Me NFP Inc
Tax year ending 12-31-2021

Form filed:

Form 8879-TE

Due date:

05-16-2022

Transaction method:

The federal tax return cannot be e-filed with the IRS until this office has received a signed Form 8879-TE. Review the tax return, sign and date Form 8879-TE, and return it to the address below as soon as possible. Do not mail your federal tax return to the IRS.

Mail-to address:

Accounting Nerd, LLC
12874 101st Way
Largo, FL 33773

Management Report

Remember Me NFP, INC

For the period ended August 29, 2022



Prepared on

August 29, 2022

Table of Contents

Profit and Loss3

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Profit and Loss

January 1 - August 29, 2022

	Total
INCOME	
Donation Income	16,425.49
WePay Donation Income	134.81
Total Income	16,560.30
COST OF GOODS SOLD	
Cost of Items with Logo to Sell or Donate	1,576.52
Health Care First Responders Event	
Fees	520.00
Hotel	766.14
Meals	153.96
Total Health Care First Responders Event	1,440.10
Mental Health Costs	334.32
Paddleboard Activity Costs	881.58
Total Cost of Goods Sold	4,232.52
GROSS PROFIT	12,327.78
EXPENSES	
Advertising & Marketing	686.17
Bank Charges & Fees	96.75
Business Meals	222.10
Charitable Contributions	25.00
Depreciation	974.97
Dues & subscriptions	126.55
Insurance	208.82
Legal & Professional Services	973.40
Office Supplies & Software	953.28
Postage	31.78
Taxes & Licenses	164.25
Telephone	140.00
Travel	18.50
Total Expenses	4,621.57
NET OPERATING INCOME	7,706.21
NET INCOME	\$7,706.21

Balance Sheet

As of August 29, 2022

	Total
ASSETS	
Current Assets	
Bank Accounts	
Chase Bus Ckg x7618	12,668.09
Total Bank Accounts	12,668.09
Other Current Assets	
Prepaid Expenses	1,044.05
Total Other Current Assets	1,044.05
Total Current Assets	13,712.14
Fixed Assets	
Accumulated Depreciation	-1,801.71
Paddle Board Assets	9,884.42
Total Fixed Assets	8,082.71
TOTAL ASSETS	\$21,794.85
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
Chase Bus CC x7975	14.95
Total Credit Cards	14.95
Other Current Liabilities	
Payable to Shareholder	7,253.69
Total Other Current Liabilities	7,253.69
Total Current Liabilities	7,268.64
Total Liabilities	7,268.64
Equity	
Retained Earnings	6,820.00
Net Income	7,706.21
Total Equity	14,526.21
TOTAL LIABILITIES AND EQUITY	\$21,794.85



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/07/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Starkweather & Shepley Insurance Brokerage Inc. 60 Catamore Blvd, East Providence, RI, 02914	CONTACT NAME:		
	PHONE (A/C No. Ext): 401-435-3600	FAX (A/C No):	
E-MAIL ADDRESS: jhulme@starshep.com			
PRODUCER CUSTOMER ID :			
INSURED SSEI Program Management Inc. Remember Me NFP, INC 11212 Regal Lane Largo, FL, 33774	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Accelerant Specialty Insurance Company (Surplus Lines		16890
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES **CERTIFICATE NUMBER:** A-SP-SU-22-05-18-253090 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MMDD/YYYY)	POLICY EXP (MMDD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="checked" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="checked" type="checkbox"/> OCCUR <input checked="checked" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS GENERAL AGGREGATE LIMIT APPLIES PER:	N	N	S0019GL000001-00	06/07/2022	06/07/2023	EACH OCCURRENCE	\$ 1,000,000.00
							DAMAGE TO PREMISES RENTED (Any one premises)	\$ 300,000.00
							MED EXP (any one person)	\$ 5,000.00
							PERSONAL & ADV INJURY	\$ 1,000,000.00
							GENERAL AGGREGATE	\$ 3,000,000.00
							PRODUCTS - COMP/OP AGG	\$ 2,000,000.00
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTO <input type="checkbox"/> SCHEDULED AUTOS	N					COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below		N/A				WC STATUTORY LIMITS	OTHEER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	OTHER Abuse/Molestation	N		S0019GL000001-00	06/07/2022	06/07/2023	Each Occurrence: \$ 25,000.00	Aggregate: \$ 50,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Liability Policy Deductible: \$0.00 Deductible for Bodily Injury and \$ 1000.00 per Property Damage Claim. ISO Occurrence form CG 00 01 04 13 and company's specific forms. Coverage for Participant Legal Liability requires that every participant signs a waiver/release. RE: Registered Stand Up Paddleboarding / SUP participants: 06/07/2022 - 06/07/2023; (Continued next page)

CERTIFICATE HOLDER

CANCELLATION

Remember Me NFP, INC

11212 Regal Lane
Largo, FL, 33774

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Mark Di Perno



ADDITIONAL REMARKS SCHEDULE

AGENCY Starkweather & Shepley Insurance Brokerage Inc.		NAMED INSURED Remember Me NFP, INC	
POLICY NUMBER S0019GL000001-00		11212 Regal Lane Largo, FL, 33774	
CARRIER Accelerant Specialty Insurance Company (Surplus Lines Insurer)	NAIC CODE 16890	EFFECTIVE DATE: 06/07/2022	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Registered Music/Band - Schools & Lessons participants: 06/07/2022 - 06/07/2023; Registered Swimming participants: 06/07/2022 - 06/07/2023;



Check it out! BAM!

Jessica Cichra • Lake Mary Jane Paddle Race 2015

#LMJ2015 is part of the FASTEST IN FLORIDA SERIES!
Fastest in Florida Series includes 5 races, scored on the top 4 of 6 remaining races:

SUP N GO Revenge of the Kraken. September 13, 2015
<http://www.supngo.com/>

Lake Mary Jane Paddle Race 2015. September 26, 2015
<http://www.waveofwellness.net/4th-annual-lake-mary-jane-pa.../Pa>

Challenge. November 7, 2015
<http://pacificopaddlechallenge.com/>

Current Results Standings:

Fastest Women in FL:

Place	Points	Name
1	275	Nannette Prevost
2	200	Kimberly Barnes
3	198	Mary Anne Boyer Mab
4	197	Catherine Utan
5	195	Melissa Trinidad
6	195	Kate Pagan
7	190	Emily Davis
8	188	Elizabeth Mörse
9	186	Rachel Ferguson
10	184	Meg Bost
11	177	Asia Rojas
12	100	Katherine Pyne
13	97	Francesca Morrow
14	95	Karen Mirlenbrink
15	95	Kim Hillhouse
16	94	Milla Navarro
17	94	Jen Hayes
18	83	Claudia Klenke
19	90	Alyssa Veres
20	89	Chelsea Junczenko
21	88	Amy Kaener
22	88	Laura Issai

Fastest 14' Male in FL:

WXx1MkhqUE1KTC8wQUIKvHU2aHRmAUHfcklQM1J6Z0c0YWFIVFE3U...